

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SL		10/23/98
O.I.P.E. CLASSIFIER		8	10-26-98
FORMALITY REVIEW	YC	71470	10/28/98

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date						
Final Original	12/5/12	12/5/12	12/5/12	12/5/12	12/5/12	12/5/12	12/5/12
1	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	✓	
7	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	
9	✓	✓	✓	✓	✓	✓	
10	✓	✓	✓	✓	✓	✓	
11	✓	✓	✓	✓	✓	✓	
12	✓	✓	✓	✓	✓	✓	
13	✓	✓	✓	✓	✓	✓	
14	✓	✓	✓	✓	✓	✓	
15	✓	✓	✓	✓	✓	✓	
16	✓	✓	✓	✓	✓	✓	
17	✓	✓	✓	✓	✓	✓	
18	✓	✓	✓	✓	✓	✓	
19	✓	✓	✓	✓	✓	✓	
20	✓	✓	✓	✓	✓	✓	
21	✓	✓	✓	✓	✓	✓	
22	✓	✓	✓	✓	✓	✓	
23	✓	✓	✓	✓	✓	✓	
24	N	✓	✓	✓	✓	✓	
25	✓	✓	✓	✓	✓	✓	
26	✓	✓	✓	✓	✓	✓	
27	✓	✓	✓	✓	✓	✓	
28	✓	✓	✓	✓	✓	✓	
29	✓	✓	✓	✓	✓	✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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**Best Available Copy**